

PART B - FEE(S) TRANSMITTAL

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23908 7590 05/22/2006

RENNER OTTO BOISSELLE & SKLAR, LLP
 1621 EUCLID AVENUE
 NINETEENTH FLOOR
 CLEVELAND, OH 44115

08/14/2006 SSESHE2 00000017 10737019

01 FC:2501 700.00 OP
 02 FC:1504 300.00 OP
 03 FC:8001 12.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/737,019	12/16/2003	Charles M. Mettler	PSSIP0115US	5594

TITLE OF INVENTION: BASE SUPPORT FOR POST OR OTHER UPRIGHT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
STERLING, AMY JO	3632	248-519000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Renner, Otto, Boisselle
 & Sklar, LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Plastic Safety Systems, Inc.

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 4

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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Donald L. Otto

Date August 8, 2006

Typed or printed name Donald L. Otto

Registration No. 22,125

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